

UNITED STATES DISTRICT COURT

for the

Eastern District of DistrictAlexandria Division

Joanie Charlice Harris

Case No.

1:22 CV 1119

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Addon ServicesLLC/Amvet Solutions Inc.

Jury Trial: (check one) Yes No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

2022 OCT 05 PM 11:14 AM
U.S. DISTRICT COURT
CLERK'S OFFICE
ALEXANDRIA, VA

FILED

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Joanie C.Harris
Street Address	644 Harry S. Truman Drive
City and County	Upper Marlboro
State and Zip Code	Maryland 20774
Telephone Number	240 435 8387
E-mail Address	Joaniech30@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	Addon services LLC/Amvet solutions
Job or Title (<i>if known</i>)	
Street Address	34216 WilkeDrive
City and County	Sterling Heights MI
State and Zip Code	48310
Telephone Number	(248) 247-8797
E-mail Address (<i>if known</i>)	Robert.Pastorelli@addonservicesllc.com

Defendant No. 2

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 3

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 4

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	FORT BELVOIR MILITARY BASE
Street Address	9820 Flager Road Fort Belvoir
City and County	Fairfax county
State and Zip Code	VA 22060-5561
Telephone Number	(866) 786-8664

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Other federal law (*specify the federal law*):

Relevant state law (*specify, if known*):

Relevant city or county law (*specify, if known*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (specify): age discrimination

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

April 06 2022

C. I believe that defendant(s) (check one):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- race _____
- color _____
- gender/sex _____
- religion _____
- national origin _____
- age (year of birth) 1959 (only when asserting a claim of age discrimination.)
- disability or perceived disability (specify disability) _____

E. The facts of my case are as follows. Attach additional pages if needed.

Hired at ADDON/AMVET SOLUTIONS 07/2018.contract driver since 09/2011. Shop steward 7yrs. I was repeatedly subjected to differential harassing treatment from Supervisor Winston Brown with write ups for policy violations ,leave usage and other infractions that younger employees Marc Little CaliniaRoache,Rishawn Barnes ages 40-60 were not disciplined.I reported the differential treatment to Winston Brown,Local Union 99 and ADDON/Amvet solutions CEO Robert Pastorelli. Meeting 07/2021. Last write up 07/06/22 suspension received 07/20/22. I resigned 07/26/22. Rhonda Fleming treated similiar as me age 62 was discharged 07/29/22. Respondent failed to take corrective action when i reported treatment I was receiving from Winston Brown.I was discriminated due to my age with regard to harassment retaliatory discipline and constructive discharge violation age discrimination act 1967.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

May 20,2022

B. The Equal Employment Opportunity Commission (check one):



has not issued a Notice of Right to Sue letter.



issued a Notice of Right to Sue letter, which I received on (date) 07/15/2022.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):



60 days or more have elapsed.



less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I believe that I should receive 10,000-35,000 dollars.

I believe that I should receive punitive money damages at the courts discretion to total value of this case
I am willing to settle with in the courts range

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/5/22

Signature of Plaintiff



Printed Name of Plaintiff

Joanie C Harris

B. For Attorneys

Date of signing:

Signature of Attorney



Printed Name of Attorney



Bar Number



Name of Law Firm



Street Address



State and Zip Code



Telephone Number



E-mail Address



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
DIVISION

Joanie C. Harris

Plaintiff(s),

V.

Civil Action Number:

Addon LLC / Amvet Solution Inc.

Defendant(s).

2022 OCT - 1:20 PM 10/13

LOCAL RULE 83.1(M) CERTIFICATION

I declare under penalty of perjury that:

No attorney has prepared, or assisted in the preparation of Complaint for Employment Discrimination.
(Title of Document)

Joanie C. Harris

Name of *Pro Se* Party (Print or Type)

Goanie Harris

Signature of *Pro Se* Party

Executed on: 10/5/22 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of _____.
(Title of Document)

(Name of Attorney)

(Address of Attorney)

(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document

(Name of *Pro Se* Party (Print or Type))

Signature of *Pro Se* Party

Executed on: _____ (Date)